

GREAT FALLS YOUTH TRANSITION CENTERS INTAKE/DISCHARGE CHECKLIST

Name _____ Date Entered _____ Date Discharged _____ Discharge + -

PROCEDURE/ITEM	DATE COMPLETED	STAFF INITIAL	RESIDENT INITIAL
Search			
Tour of Building			
Face Sheet			
File Card			
Property Liability Form			
Emergency Card			
Inventory			
Clothing Agreement			
Photograph			
Drop cash over \$20			
Reviewed Rules - Handbook Given (including evacuation procedures)			
Linens Issued and Bed Made			
Hygiene Kit			
Parent Letter Sent			
Medical Consent form sent			Date Returned
Intake UA			
Entered on Accountability			
Center Property Issued Calculator _____ Other _____			
DISCHARGE CHECKLIST			
Discharge Interview			
Inventory			
Lock-up Items			
Cash/Deposit Funds Cleared			
Center Property Returned			
Exited on Accountability			
Notebook Closed out			
File Pulled to Archive			
RELEASED TO:		ADDRESS:	
RELATIONSHIP			